

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	75316	7/7/80
O.I.P.E. CLASSIFIER		8	7-13-80
FORMALITY REVIEW	STI	60245	9-21-80
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
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BEST AVAILABLE COPY

Claim	Date
1	Original
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Claim	Date
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If more than 150 claims or 10 actions
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